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OMB Control Number 0920-0995  
Exp. Date 06/30/2023

## Intensive Post-Course Evaluation

1. How satisfied were you with your overall learning experience?

Very unsatisfied      Very satisfied

2. How satisfied were you with the quality of the content?

Very unsatisfied      Very satisfied

3. How satisfied were you with the trainer(s)?

Very unsatisfied      Very satisfied

4. How satisfied were you with the teaching methods?

Very unsatisfied      Very satisfied

5. The training is relevant to my work

Strongly disagree      Strongly agree

6. What could improve this training?

7. The training will improve the way I do my work

Strongly disagree      Strongly agree

8. Do you believe this training was influenced by commercial interests?

Yes  
 No

9. Was this training evidence-based?

Yes  
 No

10. Were the learning objectives met?

Yes  
 No

11. As a result of information presented, do you intend to make changes in your practice or at your worksite setting?

Yes  
 No  
 Not my job  
 Other reason (please specify)

11a. If yes, please list at least one intended change.

12. How much did you know about the topics covered in this session BEFORE this training?

No knowledge      All the knowledge

13. How much do you know AFTER the training?

No knowledge      All the knowledge

14. How confident were you in your ability to perform the practices taught in this session, BEFORE this training?

Not at all confident      Very confident

15. How confident are you AFTER the training?

not at all confident      very confident

16. I will use what I learned in this training in my work.

Strongly disagree      Strongly agree

As a result of the information presented did you.....

17. Use the CDC STI Treatment Guidelines in your practice?

Yes  
 No  
 I already do this

18. Download the CDC STI Treatment Guidelines app?

Yes  
 No  
 I already do this

19. Use the STI Treatment Guidelines wall chart or pocket guide?

Yes  
 No  
 I already do this

20. Send a consult to the STD Clinical Consultation Network? [www.stdccn.org](http://www.stdccn.org)

Yes  
 No  
 I already do this

As a result of the information presented did you.....(please select Not Applicable if the training did not cover the content listed)

21. Increase the proportion of your sexually active asymptomatic female patients under age 25 screened annually for urogenital chlamydia and gonorrhea?

No  
 Yes  
 I already do this  
 Not applicable

22. Increase the proportion of your male patients who have sex with men screened for syphilis, gonorrhea, and chlamydia at least annually?

Yes  
 No  
 I already do this  
 Not applicable

23. Use CDC-recommended antibiotic therapy to treat uncomplicated gonorrhea?

Yes  
 No  
 I was already doing this  
 Not applicable





44. How confident are you AFTER the training?

not at all confident      very confident  NA

45. How confident were you in your ability to treat patients with gonorrhea according to current CDC recommendations in light of antibiotic resistance in *N. gonorrhoeae* BEFORE this training?

not at all confident      very confident  NA

46. How confident are you AFTER the training?

not at all confident      very confident  NA

47. Approximately what % of sexually active asymptomatic female patients under 25 did you screen annually for gonorrhea BEFORE this training?

0%  1-25%  26-50%  51-75%  76-90%  >91%  NA

48. What % do you intend to screen AFTER the training?

0%  1-25%  26-50%  51-75%  76-90%  >91%  NA

49. Approximately what % of pregnant patients under age 25 did you screen for gonorrhea BEFORE this training?

- 0%    1-25%    26-50%    51-75%    76-90%    >91%    NA

50. What % do you intend to screen AFTER the training?

- 0%    1-25%    26-50%    51-75%    76-90%    >91%    NA

51. Approximately what % of sexually active male patients who have sex with men did you screen annually for urogenital and extragenital gonorrhea and chlamydia BEFORE this training?

- 0%    1-25%    26-50%    51-75%    76-90%    >91%    NA

52. What % do you intend to screen AFTER the training?

- 0%    1-25%    26-50%    51-75%    76-90%    >91%    NA

**SYPHILIS**

53. How confident were you in your ability to identify the stages of syphilis based on their clinical manifestations BEFORE this training?

- not at all confident      very confident

54. How confident are you AFTER the training?

not at all confident      very confident

55. How confident were you in your ability to describe current CDC screening recommendations for syphilis BEFORE this training?

not at all confident      very confident

56. How confident are you AFTER the training?

not at all confident      very confident

57. How confident were you in your ability to order and interpret the CDC recommended serologic tests to diagnose syphilis BEFORE this training?

not at all confident      very confident  NA

58. How confident are you AFTER the training?

not at all confident      very confident  NA

59. How confident were you in your ability to clinically manage patients diagnosed with syphilis based on CDC treatment, follow-up, and partner management recommendations BEFORE this training?

not at all confident      very confident  NA

60. How confident are you AFTER the training?

not at all confident      very confident  NA

61. Approximately what % of your male patients who have sex with men did you screen at least once a year for syphilis BEFORE this training?

0%  1-25%  26-50%  51-75%  76-90%  >91%  NA

62. What % do you intend to screen AFTER the training?

0%  1-25%  26-50%  51-75%  76-90%  >91%  NA

63. Approximately what % of your pregnant patients did you screen for syphilis BEFORE this training?

0%  1-25%  26-50%  51-75%  76-90%  >91%  NA

64. What % do you intend to screen AFTER the training?

0%  1-25%  26-50%  51-75%  76-90%  >91%  NA

65. Approximately what % of your patients recently diagnosed with syphilis did you test for HIV BEFORE this training?

0%  1-25%  26-50%  51-75%  76-90%  >91%  NA

66. What % do you intend to screen AFTER the training?

0%  1-25%  26-50%  51-75%  76-90%  >91%  NA

#### HUMAN PAPILLOMAVIRUS (HPV)

67. How confident were you in your ability to describe the pathogenesis of genital HPV and identify it clinically BEFORE this training?

not at all confident      very confident

68. How confident are you AFTER the training?

not at all confident      very confident

69. How confident were you in your ability to describe the national cervical cancer screening recommendations, including HPV testing, BEFORE this training?

not at all confident      very confident

70. How confident are you AFTER the training?

not at all confident      very confident

71. How confident were you in your ability to treat genital warts BEFORE the training?

not at all confident      very confident  NA

72. How confident are you AFTER the training?

not at all confident      very confident  NA

73. How confident were you in your ability to describe CDC/ACIP recommendations for HPV vaccination BEFORE this training?

not at all confident      very confident

74. How confident are you AFTER the training?

not at all confident      very confident



85. For approximately what % of patients older than 15 seeing you for a preventive health visit did you take a sexual history that asks about behaviors that could put them at risk of getting or transmitting an STD BEFORE this training?

0%  1-25%  26-50%  51-75%  76-90%  >91%  NA

86. For what % do you intend to take ask about risk behaviors AFTER the training?

0%  1-25%  26-50%  51-75%  76-90%  >91%  NA

87. For approximately what % of patients older than 15 seeing you for a preventive health visit did you take a sexual history that asked whether they had oral, vaginal, or anal sex BEFORE this training?

0%  1-25%  26-50%  51-75%  76-90%  >91%  NA

88. For what % do you intend to ask whether they had oral, vaginal, or anal sex AFTER the training?

0%  1-25%  26-50%  51-75%  76-90%  >91%  NA

#### EXPEDITED PARTNER THERAPY

89. As a result of the information presented do you intend to provide Expedited Partner Therapy (EPT) to heterosexual partners of those diagnosed with gonorrhea and/or chlamydia?

- Yes
- No
- Not applicable to my practice or job
- Not allowed in my state/practice
- My practice/worksites is in the planning stages to offer EPT
- My practice/worksites already offers EPT
- EPT was not discussed

#### SKILLS

90. How confident were you in your ability to list the steps in the appropriate order for conducting an STI-oriented male genital exam BEFORE this training?

Not at all confident      Very confident

91. How confident are you AFTER the training?

not at all confident      very confident

92. How confident were you in your ability to identify the testis, epididymis and spermatic cord by palpation BEFORE this training?

not at all confident      very confident

93. How confident are you AFTER the training?

not at all confident      very confident

94. How confident were you in your ability to use or direct patients to use the correct techniques to obtain STI test specimens for male patients BEFORE this training?

not at all confident      very confident

95. How confident are you AFTER the training?

not at all confident      very confident

96. How confident were you in your ability to list the steps in the appropriate order for conducting an STI-oriented female genital exam BEFORE this training?

not at all confident      very confident

97. How confident are you AFTER the training?

not at all confident      very confident

98. How confident were you in your ability to palpate the uterus and adnexa by bimanual exam BEFORE this training?

not at all confident      very confident

99. How confident are you AFTER the training?

not at all confident      very confident

100. How confident were you in your ability to use or direct patients to use the correct techniques to obtain STI test specimens for female patients BEFORE this training?

not at all confident      very confident

101. How confident are you AFTER the training?

not at all confident      very confident

Thank you for your time and thoughtful feedback!